

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 2009 DEC 28 AM 8:57

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-4073
 www.iowa.gov/ethics

Reset Form

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

DHS Glenwood Resource Center	
Name of Department or Office 711 S. Vine St	Glenwood, IA 51534
Mailing Address	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Carol Tibben	
Name	
206 Harold's Dr.	Glenwood, IA 51534
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/22/09 \$20.00

Date of Gift or Bequest Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Assorted pajamas for client use

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Messinger affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Ruth Messinger
 Signature

12-23-09
 Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

2009 DEC 28 AM 8:35

Reset Form

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Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

DHS Glenwood Resource Center

Name of Department or Office

711 S. Vine St

Glenwood, IA 51534

Mailing Address

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

American Legion Auxiliary

Name

Unit 120

Audubon, IA 50025

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/10/09

\$25.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Check for \$25 toward canteen cards for client use

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Messiner affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
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2009 DEC 28 AM 8:51

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

DHS Glenwood Resource Center	
Name of Department or Office 711 S. Vine St	Glenwood, IA 51534
Mailing Address 712-325-4811	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Julie Brummer	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Army Corp of Engineers	
Name	
1616 Capitol Ave, Ste 9000	Omaha, NE 68102
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/14/09	\$ 1,200.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

For Client use at Recreation Center: Wii console, remotes, assorted games and accessories.

Criteria to use this form:

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Statement of Affirmation:

I, Ruth Messinger, affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Ruth Messinger
 Signature

12-23-09
 Date